

Hamilton Relay 2011 Deaf Community Leader Award

Due August 15, 2011 • PLEASE PRINT CLEARLY

Name of Candidate: _____

Candidate's Address: _____

Phone #: _____

Please circle: Voice TTY CapTel Other _____

Email/Pager addresses: _____

The candidate: ☐ is deaf ☐ is deaf-blind ☐ other

How has your candidate been active and/or made an impact in their community?

In which organizations or activities has the nominee been involved? Please provide complete names of organizations, any positions held (even if it's on a voluntarily basis), length of term, etc.

What are the strongest points you'd like us to know about your candidate?

Please list two references who we could contact about your nominee along with their contact information:

(Please feel free to attach additional pages as needed.)